

MUNICIPAL DIVISION

CITY OF COLUMBIA, Plaintiff

Case Number(s) \_\_\_\_\_

VS.

\_\_\_\_\_, Defendant

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone #

COMMUNITY SERVICE CONFIRMATION

I, \_\_\_\_\_ of \_\_\_\_\_  
(Name of Organization)

hereby confirm that the defendant named above has completed \_\_\_\_\_ hours of  
community service on \_\_\_\_\_ as ordered by the City of Columbia  
(Date or dates of Completion)

Municipal Court.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

DEFENDANT MUST ASSURE THIS FORM IS RETURNED TO:

City of Columbia Municipal Court  
600 E. Broadway  
Columbia, MO 65201  
573-874-7233

For additional confirmation forms go to:

[www.gocolumbiamo.com/Court/Documents/csconfirmation.pdf](http://www.gocolumbiamo.com/Court/Documents/csconfirmation.pdf)

**ALL COMMUNITY SERVICE HOURS WILL BE CONFIRMED. ANY ATTEMPT TO  
ALTER OR MIS-REPRESENT COMMUNITY SERVICE HOURS COMPLETED MAY  
RESULT IN ADDITIONAL CHARGES BEING FILED.**